



- To view the full list of funds applicable to Tax Free Savings and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees refer to www.satrix.co.za
- To comply with regulatory requirements we have to identify and verify you before investing your funds.
- The investment will be finalised once we receive a completed, dated and signed form, with all the necessary supporting documents
- If you wish to make an EFT payment, we will provide you with our bank details and your client account number once your Unit Trust account is opened.



Completing the information correctly will ensure that the investment is processed without delays

- All information must be accurately completed
- The form must be completed, **dated and signed** by the registered investor, or authorised signatories with valid authorisation from the investor such as a power of attorney or a mandate
- Do not write any instructions outside the allocated fields
- Initial any changes made
- Return **pages 2 to 7** to us with the relevant additional sections below.
- Complete and return the following sections if you want like to:
 - **appoint a financial adviser / broker** - Form A
 - **obtain authorisation from a bank account holder** - Form B
 - **invest on behalf of the investor** - Form C



Please submit the following verification documents:

Non-Individuals

- A letter from the legal entity stating the list of authorised signatories.
- Copies of the verification documents in order for us to verify the legal entity.
- Proof of address -utility bill not older than 3 months.
- Proof of banking details (cancelled cheque or a copy of a bank statement, not older than 3 months) that includes a bank logo and date stamp.

Acting on behalf of an investor

- Copy of identity document
- Proof of address -utility bill not older than 3 months
- Investor authorisation, such as a power of attorney or mandate



Forms

E-mail UTinstructions@satrixsupport.co.za
Fax 011 263 6155

Enquiries

Tel 0860 111 401

E-mail unittrusts@satrix.co.za



Cut off times

Fund type

Money market funds
All other funds

Cut off time

13:00
15:00

Initial _____

Unit Trust Application Form (Non - Individual Investors)

1. Investor details (all fields are compulsory)

Please note: the following details must be completed in the name of the registered legal entity, regardless of who the payer is.

Registered name of legal entity: _____

Trading name: _____

(only complete if different from registered name)

Entity registration number: _____ (15 digits)

Country of incorporation: _____ Date of incorporation _____ (ddmmccyy)

Type of entity:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Listed company | <input type="checkbox"/> Unlisted company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Fund of funds | <input type="checkbox"/> Long-term insurer | <input type="checkbox"/> Linked investment service provider (LISP) | |
| <input type="checkbox"/> Management company | <input type="checkbox"/> Government entity | <input type="checkbox"/> Pension / provident fund | <input type="checkbox"/> Medical schemes |
| <input type="checkbox"/> RA / retirement investment linked living annuity (ILLA) / preservation fund | | | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

Registered address: _____

Country _____ Postal code _____

Operating address: _____

(only complete if different
from registered address)

Country _____ Postal code _____

Initial _____

Source of income

Please specify your regular source of income

- Company profits
 Sale of shares
 Investment
 Corporate Dividends
 Other (Specify) _____

Details of contact person

Title _____ Full name(s) _____
 Surname _____
 Date of Birth _____ (ddmmccyy) Country of birth _____
 Identity number _____
 Passport (if foreign national): Number _____
 Expiry date _____ (ddmmccyy)
 Country _____

Contact numbers	International dialling code	Area code	Number
Telephone (<i>work</i>)			
Telephone (<i>home</i>)			
Cell/Mobile		n.a.	

Email address _____

In terms of FICA, we are required to obtain the prescribed documents for all legal entities as well as the applicable parties acting on their behalf. Please complete the information and supply the documents as specified in (hyperlink to FICA for non Individuals)

2. Investor classification (only the following parties need to complete this section)

Please mark the applicable option with an "X", complete where necessary

- Sanlam Trust VP number: _____
 Sanlam Institutional Curo
 Sanlam Private Wealth (SPW)
 Sanlam Private Wealth (SPW): Portfolio Managers BDA number: _____
 Other _____

3. Tax status

We require this information in order to report to the South African Revenue Services (SARS) for Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) as per the Automatic Exchange of Information (AEOI) for International tax compliance.

Primary country of residence for tax purposes _____

Tax Identification Number _____

If your primary country of tax jurisdiction is South Africa, are you registered for Value-Added Tax (VAT)? Yes No

If "Yes", please supply your VAT number: _____

Is the organisation a registered tax payer of any country other than your primary country of residence? Yes No

If "Yes", please complete the information below for each country of tax residency:

Country of tax residence	Tax Identification Number	OR	Not Applicable

By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification Number.

Initial _____

3.1 Organisation's classification under FATCA

It is mandatory to classify yourself in this section. For guidance please refer to the Legal Entities Tax Residency Classification for FATCA and CRS document, available at www.satrx.co.za. Alternatively, speak to your tax adviser.

If your organisation is a Financial Institution, please specify which type:

- South African Financial Institution or a Partner Jurisdiction Financial Institution.
- Participating Foreign Financial Institution (in a non-Intergovernmental Agreement jurisdiction).
- Non-Participating Foreign Financial Institution (in a non- Intergovernmental Agreement jurisdiction).
- Financial Institution resident in the USA or in a US Territory.
- Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation).
- Deemed Compliant Foreign Financial Institution (this includes Non Profit Organisations and Financial Institutions with a Local Client Base).

If your organisation is not a Financial Institution, please specify below :

- Active Non-Financial Entity.
- Passive Non-Financial Entity (*Please complete form B*).

Please select an option if your organisation is a US tax resident and not a Specified US person:

- A regularly traded corporation on a recognised stock exchange.
- Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange.
- A government entity.
- Any bank as defined in section 581 of the U.S. Internal Revenue Code.
- A retirement plan under section 7701(a)(37), or exempt organization under section 501(a) of the U.S. Internal Revenue Code.
- OR any other exclusion.

3.2 Organisation's classification under Common Reporting Standard (CRS)

Please select one with reference to the primary country of residence:

- Financial Institution under CRS (this includes all Non Reporting Financial Institutions for example a pension scheme, government entity and international organisation).
- An investment entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, *please complete Form B for Controlling Persons* (natural persons only) in respect of any Controlling Persons).
- Active Non-Financial Entity, which frequently trades on an established securities market or associated with, an established securities market or a corporation which is a related entity of such a corporation.
- Active Non-Financial Entity - a Government Entity, a Central Bank or an International Organisation.
- Active Non-Financial Entity, other than those listed above (for example a start-up NFE or a Non-profit Organisation).
- Passive Non-financial entity (*Please complete Form B for Controlling Persons*).

4. Dividends withholding tax status

I qualify for a Dividends tax exemption or reduced rate in terms of the Income Tax Act. Yes No

If "Yes", please complete a *Dividends tax exemption DTD(EX)* or *Dividends tax reduced rate DTD(RR)* form, available on our website www.satrx.co.za.

Initial _____

5. Source of funds for this investment

Please advise where the funds for this investment come from

Source of funds (please specify): _____

6. Investor interaction preferences

I would like to receive SMS notifications when I transact on my account Yes No

I want to receive marketing information Yes No

We will send you all your investment correspondence to the email which you provided

Your statements and tax certificates can be emailed to you upon request from the client support centre.

In line with Satrix's responsibility towards the environment, we will no longer send postal statements. If post is your only means of receiving correspondence, please contact us.

7. Investor banking details

The details specified below will only be used when selling unit trusts (ad hoc and recurring withdrawals) and for income distribution (interest and/or dividend) payments.

- We will only make payments into the account of the registered investor. Payments cannot be made to third parties.
- We are unable to make payments into credit cards, money market, bond accounts or policies.

Name of account holder _____

Identity / Entity registration number _____

Name of bank _____ Account number _____

Name of branch _____ 6-digit bank code _____

Type of account: Current Savings

8. Ways to pay

You have the following options for payment

8.1 We collect funds

Once off for lump sum investment **AND /OR** Recurring monthly debit order

8.1 You pay via an electronic transfer

Once off for lump sum investment

We can no longer accept deposits before we have given you confirmation that your account has been opened. We will send you payment instructions for your lump sum payment within 5 days of opening your account.

Please make a separate deposit for each Fund account opened.

Please note the following regarding your payment options

- **Once-off bank collection for a lump sum investment**
We will debit your bank account within 2-3 business days if all your documentation is in order. Amounts are restricted to a maximum of R1 million per debit.
- **Cheque deposits**
All cheques must be endorsed as non-transferable and deposited directly into Satrix bank account. The maximum amount that can be processed per cheque is R1 million.
- **Electronic transfers**
These may take up to two days to reflect in our bank account. This should be used for amounts exceeding R1 million.
- All deposits must be in South African Rand or we will return your funds.
- There may be a delay between when you deposit the funds and when it reflects in our account

Initial _____

9. Investment instruction

Please specify the fund(s) you would like to invest in, and how much you would like to invest. Fund minimums apply. Refer to the MDD. A full list of our funds and fund fact sheets is available on www.satrix.co.za. If you are unsure about which funds to invest in or which suit your needs, please speak to your broker or financial adviser.

Unit trust fund(s)	*Class	Lump sum deposit	Lump sum debit order collection	Monthly debit order collection	Income distribution	
					Reinvest	Payout

* If you do not specify a fund class, your investment will be allocated to a default class

10. Debit order instructions

- The investment remains the property of the registered investor, regardless who made the payment.
- We accept payments from third party accounts (e.g. persons authorised to act on behalf of an investor)
- We do not draw funds from credit cards, money market or bond accounts.
- Please allow 3 - 4 business days' notice to process once-off and recurring debit orders.
- Monthly debit orders will automatically be cancelled if funds are returned from the bank after 3 consecutive occasions.

Investment options:

Please deduct the total investment amount, as indicated in section 9, as follows:

- Once-off debit order: _____ (ddmmccyy)
- Monthly debit order: on the _____ (dd) day of each month starting _____ (mmccyy)
(if you don't specify the day of the month, we will default deductions to the 1st day of each month)
- Annual increase _____ % Annual increase date _____ (ddmmccyy)

Please pay this debit order:

- from my own account specified in section 7 or Third party account (**Complete Form B**)

Name of account holder _____

Identity/ Entity registration number _____

Name of bank _____ Account number _____

Name of branch _____ 6-digit bank code _____

Type of account: Current Savings

I / we instruct and authorise Satrix or its agents to draw direct debits against the bank account as per the instruction in section 9 and 10.

Signature of bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory on bank account *(if applicable) _____ Date _____ (ddmmccyy)

Initial _____

11. Investor declaration

By signing this application form I agree that have read and understand the application form and related terms and conditions. The terms and conditions are available on the web or from the following link: [Terms and Conditions](#)
If you cannot access the link provided above this can be obtained from our Client Services Centre

Signature of investor _____ Date _____ (ddmmccyy)

Authorised signatory* _____ Date _____ (ddmmccyy)

Authorised signatory* _____ Date _____ (ddmmccyy)

*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor)

Initial _____

Important information

Only one financial adviser is applicable per investor code.
All fees are explained in the MDD's.

On-going advice fee

- This annual advice fee is not applicable to funds or classes where a trailer fee is already included in the service fee.
- The annual advice fee is calculated on the daily market value of the investment portfolio, paid to the financial adviser monthly. It is paid in arrears and from the sale of units from the investor's client account, thereby reducing their units.

Financial adviser personal details

I wish to appoint the following financial adviser as the preferred adviser on all my Satrix Accounts.

Sanlam code _____

Full name(s) _____

Surname _____

Fee instruction

On-going advice fee

On-going financial advice fee of _____ % per annum (negotiable up to a maximum of 1.15%, including VAT)

Initial _____

Sanlam financial adviser / broker details

Sanlam financial adviser:

Financial advice

It is the adviser's responsibility to complete the advice documents for this transaction and forward them, with this application form, to Satrix.

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it

Copies of these documents are attached.

Does this application replace the whole or part of an existing product? Yes No

If "Yes", please submit a completed AEB2065 and E2794 forms with the FAIS documents.

Signature of Sanlam financial adviser

Broker:

FSP license

I declare that I am a licensed financial services provider or a representative of a financial service provider. I am authorised to sell unit trusts.

FSP license number: _____

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached

Signature of broker

Initial _____

Complete and submit this section if the payment is from a third party's bank account

Individuals

- Copy of the third party's identity document
- Proof of address -utility bill not older than 3 months
- Proof of banking details (cancelled cheque or a copy of a bank statement, not older than 3 months) that includes a bank logo and date stamp.

Non-individuals

- A letter from the legal entity stating the list of authorised signatories
- copies of the verification documents in order for us to verify the legal entity
- Proof of address -utility bill not older than 3 months
- Proof of banking details (cancelled cheque or a copy of a bank statement, not older than 3 months) that includes a bank logo and date stamp

Identity information

First name(s) and Surname / Registered name of legal entity _____

Date of birth/ Date of incorporation _____ (ddmmccyy) Country of birth/ Country of incorporation _____

South African Identification number / Entity Registration number _____

OR

Passport (if foreign national): Number _____
 Expiry date _____ (ddmmccyy)
 Country _____

OR

US Citizens Social Security Number _____

Registered address _____ Postal code _____

Country _____

Postal address _____
Only complete if different from Registered address
 _____ Postal code _____

Country _____

Contact numbers	International dialling code	Area code	Number
Telephone (<i>work</i>)			
Telephone (<i>home</i>)			
Cell/Mobile		n.a	

Bank account details

Name of bank _____ Account number _____

Name of branch _____ 6-digit branch code _____

Type of account Current Savings

Investor declaration

I / we Instruct and authorise Satrix or its agents to draw direct debits against my bank account as per the instruction in section 9 and 10.

Signature _____ Date _____ (ddmmccyy)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)

Initial _____

Important information

- This form must be completed by each authorised signatory, each person acting on behalf of the investor and all controlling persons (for example directors, shareholders, trustees and other people who have controlling rights over the legal entity)
- Each person is required to complete the sections below. In the event that more than one person is authorised to act on behalf of the investor, copies of this section can be made as required and must accompany the fully completed application form.
- The information required is mandatory to meet legislative requirements and therefore the application will not be processed without receiving the additional information for each applicable party as well as the FICA documents (hyperlink)

Tax status

Title _____ First name(s) _____
 Surname _____
 Capacity _____
 Permanent residential address _____
 Country _____ Postal code _____
 Postal address: _____
(only complete if different from registered address)
 Country _____ Postal code _____
 Date of birth _____ (ddmmccyy) Country of birth _____
 ID Number _____ Passport number _____
 Passport country of issue _____ Passport expiry date _____ (ddmmccyy)
 Social Security Number (if US Citizen) _____
 Primary country of tax residence _____
 Tax Identification Number _____
 Are you a registered tax payer of any country other than your primary country of residence? Yes No

If "Yes" please complete the information below for each country of tax residency.

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

I certify that the information I have provided above is true and correct.

*Authorised signatory _____ Date signed _____ (ddmmccyy)

*Authorised signatory _____ Date signed _____ (ddmmccyy)

*Authorised signatory acting on behalf of the investor

Initial _____